DOCUMENT RESUME

ED 163 365 CG 013 079

AUTHOR Peters, Michael W.; And Others
TITLE Evaluating the Clinical Process in Juvenile Diversion Services.
PUB DATE 22 Apr 78
NOTE 20p.; Paper presented at the Annual Meeting of the Western Psychological Association (58th, San Francisco, California, April 19-22, 1978); For related documents see CG 013 077, CG 013 078, CG 033 080, CG 013 198 ; Appendix may be marginally legible due to light print

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Delinquency Prevention; *Delivery Systems; *Evaluation Methods; *Juvenile Courts; *Program Evaluation; State of the Art Reviews; *Youth Programs

ABSTRACT

The clinical evaluation package used in this study was designed to: (1) develop an instrument capable of generating client typologies for counselees in juvenile diversion programs; (2) develop a measure of the counseling process that could differentiate client services received in such counseling programs; and (3) provide the programs with a clinical outcome measure. A preliminary analysis based on a small number of returns indicated potentially useful results in all three areas. Good response distribution on several items indicated it may be possible to generate case typologies; variables emerged which provided good case differentiation in how cases are evaluated and treated, as well as delineating the type of client served by each agency, and potential inconsistencies in evaluation and treatment were revealed. (Author/BP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED163365

EVALUATING THE CLINICAL PROCESS IN JUVENILE DIVERSION SERVICES

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D E Berger

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

by

Michael Wm. Peters

Sheryl M. Moinat

James W. Hull

Claremont Graduate School

April 22, 1978

CG 013079

The effectiveness of counseling service in diversion programs has typically been measured by lag time between referral and intake, duration of service, type of service contact, and recidivism rates. Diversion program personnel have repeatedly voiced the opinion that such measures are not sensitive to many aspects of the service that they provide, such as improving parenting skills, family communication patterns, and the client's coping skills. Since individual and family counseling are the main services provided by the programs evaluated by the Claremont Evaluation Team, it has become necessary to develop an evaluation package that would assess the clinical aspects of diversion counseling.

In order to develop this package, counselors from six diversion programs were interviewed regarding assessment of case problems, treatment intervention plans, and clinical indicators of successful counseling. The major difficulties encountered in the construction of this clinical package were the lack of uniformity of counseling styles, the counselors' inability to objectively describe the counseling experience, and a general lack of counselor enthusiasm for additional paperwork. After twelve revisions, incorporating suggestions and criticisms from counselors, project directors, and the evaluation staff, a six-page clinical evaluation package was presented to the six regional diversion programs. Copies of this clinical evaluation package will be made available upon request.

The objectives of this clinical evaluation package were threefold: (1) to develop an instrument capable of generating client typologies; (2) to obtain a measure of the counseling process that could differentiate client services received in counseling; and (3) to provide the programs with a clinical outcome measure.

Data from these instruments will allow the Evaluation researchers the opportunity to analyze the impact of counseling services from the vantage

point of an input-process-outcome model. This approach should provide the program personnel with insight into the entire sequence of diversion services, affording the opportunity to manipulate the various components of the diversion system in search of the most efficient matching of services to various client typologies, and also to implement changes in the program structure. A proposed framework for such a model includes input variables such as case severity and client and family characteristics, process variables such as counseling activities and ancillary services, and outcome measures such as recidivism rates and counselor termination assessments. A figure illustrating this model and a table of the individual components are also available upon request.

Data collection utilizing this six-page package was initiated in all six regions on January 1, 1978. A small number of these forms was available for analysis at the time of this writing, and what follows is a preliminary look at the type of data that can be expected in the future. Due to a short data collection period, cases which were closed after only one or two sessions were more likely to be included in this sample than the cases of those clients receiving extended service--hence there was only a small number of cases (N=31) for which both intake and termination assessment ratings (necessary for a change score analysis) were available.

In total, 186 cases were coded--103 closed cases and 83 open cases. Because of the limited number of cases available for coding, conclusions to be drawn from the analysis of these data are necessarily tentative. The discussion that follows will deal primarily with data patterns that illustrate the functional aspects of the clinical evaluation package.

First, we can examine a range of input variables. The Clinical Evaluation Package was designed to collect the type of data that could be used to generate client typologies. The data analysis performed on this

sample of cases did reveal client/family differences with respect to (1) family income, (2) counselor's assessment of client and family, and (3) client and family ratings on twenty intake assessment items.

Overall, 25% of the families served by the diversion facilities were in the low income range (under $10,000), 53% in the middle income range ($10,000 to $24,999), and 22% in the upper income range (over $25,000). Diversion service agencies showed extreme variation in the family income of their clients. Some agencies served no low income families, others as many as 45%. Some agencies served no high income families, others as many as 58%.

The counselor is required to evaluate each case with respect to client description, client's basic problems, and the overall functioning of the client's family. Of the 186 clients evaluated, 55% had some type of family problem (usually described as chronic) and 47% had school-related problems. Over half of the clients were described as being pleasant, but a third were also described as being emotionally immature, and one fourth were identified as resistant to counseling. Sixty-one per cent of the families were described as dysfunctional, particularly in the areas of cooperation between parents, parental nurturance, discipline, and crisis handling.

The data from forms filled out by the counselor during the first session with the client and family indicate that several of the items might be valid sources of case differentiation. For example, the counselor assessment ratings on case severity, client's willingness to cooperate, and client's listening skills showed good response distribution--indicating that these items are discriminating well between the cases.

The second category of data deals with process variables. The strong orientation of the regional diversion projects toward family counseling can readily be seen by analyzing the nature of the counseling sessions received

by the clientele. Nearly all (92%) of the clients from these closed cases received at least one hour of family counseling. At least 24% of the families received some family counseling without the juvenile present, while only 13% of the clients received any individual counseling. In only 3% of the cases were school personnel contacted regarding a client's problem. This may represent a possible inconsistency between evaluation and treatment. School difficulties were noted by the counselors in 47% of the cases, yet little effort was extended toward involving school personnel in the assessment or treatment of these clients.

Counselors were asked to indicate which activities received the greatest emphasis in each counseling session. The results of this analysis indicate fairly good distribution of response across nine counseling activities. The most common activity used was Providing Information, with 67% of the cases showing this activity at least once. The next most frequently used activities were Goal Exploration and Encouraging Insight, where the figures were 62% and 52%, respectively. The remaining six counseling activities were used in 2% to 37% of the cases.

The final category of variables deals with outcomes. Overall, 79% of the clients received two hours or less of counseling. Cases assessed as "successful" received, on average, 1.6 hours of counseling. While cases assessed as "premature terminations" and those assessed as "successful, but needs additional counseling," received an average of 2.3 and 3.2 counseling hours, respectively. These figures suggest the possibility that the diversion projects are receiving a sizable number of lightweight referrals, requiring little counseling and resulting in quick but successful terminations. This interpretation is somewhat substantiated by the counselor assessment ratings on case severity--71% of the cases were rated as moderate to very low in severity.

A greater percentage of low income families terminated counseling prematurely (45%) than did the middle or high income families (25%). However, there were no discernible differences between these three income groups in the average amount of counseling received.

As previously mentioned, termination assessment ratings were available for only 31 cases. Because of this, pre-post changes on the Intake and Termination forms have to be regarded with extreme caution. Only two items appear to have changed over the course of counseling: (1) Family Assessment--a global rating of family functioning combining seven measures--showed an increase, and (2) Family Willingness to Cooperate in Counseling showed a decrease over the course of treatment. This last finding may be related to the relatively high percentage of premature terminations in this sample (33%).

To summarize, the major findings of this analysis are: (1) good response distribution was found on several Intake Assessment items, such as rated severity and client's listening skills, indicating that it may be possible to generate case typologies; (2) there are indications that several intake and process variables are providing good case differentiation in how cases are evaluated and treated; (3) some input variables, such as family income, appear to delineate the type of client each agency serves and suggest possible use as outcome predictor variables; and (4) comparisons of input and process variables can identify possible inconsistencies in evaluation and treatment (e.g., school problems were noted in 47% of the cases, yet only 3% showed any school-related treatment activity).

The Clinical Evaluation Package provides for three distinct assessments of case severity: (1) severity of the referring reason can be numerically computed using the scale developed by the California Youth Authority; (2) the general case description data can be transformed into a numerical index of

severity; and (3) the counselor's rating of case severity at intake can be taken directly from the intake form. In addition, the number of priors for each client can be obtained from the Central Juvenile Index, thus providing for a fourth measure of case severity.

With four indices of case severity available as control variables, greater precision can be acquired when comparing clients across regions, treatments, and outcomes.

Future work with the Clinical Evaluation Package will focus on increasing the data base and exploring the possibility of input variable clusters. More analyses will be made in an effort to examine linkages between input, process, and outcome.

Appendix A: Clinical Evaluation Package

Michael Jn. Peters
Sheryl M. Goinat
James W. Hull

CLAREMONT GRADUATE SCHOOL
CENTER FOR APPLIED SOCIAL RESEARCH
Benezet Psychology Building
Room 153
Claremont, California 91711
Telephone (714) 621-3373

Part I -- CASE DESCRIPTION

_____New Case _____Reopened Case

1

2. Case #_____ 3. Date_____

1. Name_____ 4. Sex_____ 5. DOB_____

6. Age_____ 7. Ethnicity_____ 8. School_____ 9. Grade_____

10. Address_____ 11. City_____ 12. Phone_____

13. Parent's Name(s)_____ 14. Work Phone_____

15. Referring Agency _____ 16. Receiving Agency_____

17. Referring Reason:
(a) If violation of a law has occurred, specify code and number_____
(b) For other referrals (non-legal or potential law violations) specify reason
_____
(c) Arrested: _____Yes _____No

18. Circumstances and Background of Contact_____
_____
_____

19. Referral Route:
a. Initial Request for Service made by:
_____ 1. Parent
_____ 2. Client
_____ 3. School
_____ 4. Line Officer
_____ 5. Investigator
_____ 6. Agency_____
_____ 7. Probation
_____ 8. Court
_____ 9. SARB
_____10. Other (specify)

b. Request Forwarded to Project through:
_____ 1. Law Enforcement
_____ 2. School
_____ 3. Walk-In
_____ 4. Direct Phone Call(Client/Parent)
_____ 5. Probation
_____ 6. Other (specify)_____

c. Type of Referral:
_____ 1. Voluntary (Informal)
_____ 2. Involuntary (Formal)

20. Date of Offense_____

Date of Referral_____

Date of Intake_____

21. Alternate Action That Would be Taken If Not Referred to Diversion:
_____ 1. None
_____ 2. Referral to Non-justice System Agency
_____ 3. Counsel and Release
_____ 4. Non-custody Petition
_____ 5. Custody

22. Living Arrangements:
_____ 1. Living with both natural parents
_____ 2. Living with natural father only
_____ 3. Living with natural mother only
_____ 4. Living with natural father and stepmother
_____ 5. Living with natural mother and stepfather
_____ 6. Client is adopted
_____ 7. Other (specify)_____

23. Parents' Occupations:
Father/Stepfather_____
Mother/Stepmother_____

24. Marital History:_____
_____

25. Number of moves in last 5 years_____

26. How long at present address_____

27. Sibling Information (age and sex):

1/12/78

Counselor's Name_____

28. Previous Counseling: _____ No _____ Yes

29. In which of these groups did the client's total family income, from all sources, fall last year (before taxes)?

A. Under $4000 _____

B. $4000 to $9999 _____

C. $10,000 to $24,999 _____

D. $25,000 or over _____

30. Client's Perception of the Problem and How It Can be Resolved:

31. Relevant Background Information:

General Case Description

32. Please check the items that apply to this case and circle, where applicable, whether the problem specified is situational (S) or chronic (C):

Client's Basic Problem(s)

- ☐ S C Family Problems
- ☐ S C School Problems
- ☐ S C Legal Problems
- ☐ S C Few or No Friends
- ☐ S C Antisocial Peers
- ☐ S C Substance Abuse
- ☐ S C Physical/Medical Problems
- ☐ S C Victim; Physical/Sexual Abuse
- ☐ S C Other (specify) _____

Client Description

- ☐ Severely Disturbed
- ☐ Lack of Guilt Feelings
- ☐ Withdrawn
- ☐ Emotionally Immature
- ☐ Resistant
- ☐ Pleasant
- ☐ Emotionally Well-Adjusted
- ☐ Sexually Promiscuous
- ☐ Pregnant
- ☐ Alcoholic Parent(s)
- ☐ Other (specify) _____

Family Functioning

- ☐ Functional

Dysfunctional (specify areas):

- ☐ S C Cooperation Between Parents; Marital Relationship
- ☐ S C Parental Nurturance; Emotional Support for Child
- ☐ S C Discipline; Teaching of Values
- ☐ S C Preparation for Adolescent Independence
- ☐ S C Crisis Handling
- ☐ S C Maintaining Financial Stability
- ☐ S C Other (specify) _____

Part II -- INTAKE ASSESSMENT

Case # _____

1. Counselor's Perception of the Problem and How It Can Be Resolved:

2. If the client has been accepted for diversion services, please complete all of the following assessment items at the conclusion of the initial intake interview.

Scale: 1 Very Low; 2 Low; 3 Moderate; 4 High; 5 Very High; 9 N/A

	Client	Mother/Stepmother	Father/Stepfather
a. Extent of unusual or excessive behavior at assessment	☐	☐	☐
b. Degree of willingness to participate in counseling	☐	☐	☐
c. To what degree is the perception of the referring event realistic	☐	☐	☐
d. Severity of client's problem	☐		
e. To what extent did a family crisis event contribute to client's problem			☐

Scale: 1 Very Poor; 2 Poor; 3 Adequate; 4 Good; 5 Very Good; 9 N/A

	Client	Mother/Stepmother	Father/Stepfather
f. Coping Skills	☐	☐	☐
g. Listening skills	☐	☐	☐
h. Ability to transmit clear messages	☐	☐	☐
i. Assertive skills	☐	☐	☐
j. Self-disclosing behavior (openness)	☐	☐	☐
k. Negotiating skills	☐	☐	☐
l. Client's self-concept	☐		
m. Client's sense of responsibility (maturity)	☐		
n. Physical appearance of client	☐		
o. Client's school performance overall	☐		
p. Parents' handling of disciplinary problems		☐	☐
q. Parents' concern (love) for client		☐	☐
r. Communication skills of the family			☐
s. Decision-making ability of the family			☐
t. State of parents' marriage			☐

1/12/78

Part III -- SERVICE DESCRIPTION Case # _____ 4

1. Counseling Contacts (indicate the date, mode, persons involved, conditions, and length of session):

Mode
P. Personal Contact at YSP Facility
F. Personal Contact in Field
T. Telephone or Letter Contact

Person(s) Involved
1. Client Alone
2. Family with Client
3. Family without Client
4. Special Groups (Peer, Parent, Multifamily)
5. School Personnel
6. Other Community Personnel
7. Other (specify)

Conditions (Note Applicable Items)
Regularly Scheduled Appointment:
A1. On Time
A2. Late
A3. No Show, Missed (specify reason)
B. Emergency Crisis Contact
C. Co-Counseling Team
D. Case Reopened
Volunteer Service (supervised by counselor):
E1. Counselor conferred with Volunteer (with or without client)
E2. Volunteer interacted with Client/Family without Counselor present
Follow-up Contact:
F1. Before Termination
F2. After Termination
G. Other (specify)

Date	Mode	Person(s)	Conditions	Length	Check those activities which received greatest emphasis in each session. (No more than 3.)									
					Assisting (family or client) in Communication Skills	Bolstering Parenting Skills; Discipline; Parent-Child Contracts	Enhancing Social Skills; Interaction with Others	Providing Information, Access to Resources; Coping with System	Encouraging Goal Exploration, Planning; Choosing Behavior	Encouraging Insight, Self-Understanding; Exploring Feelings	Giving Instruction; Advising	Confronting; Providing Feedback	Self-Disclosure (by counselor)	Other (specify)

13

1/12/78

2. List by name all services other than diversion counseling used by client before termination. Include project-related and independent services.

None _____

1. _____

2. _____

3. _____

4. _____

3. Please complete the following section at termination of counseling:

Who Initiated Termination

____ Client

____ Parent(s)

____ Client and Parent(s)

____ Counselor

____ Mutually Agreed

Date of Termination

_____

Reason for Termination

____ Client/Parent(s) not getting anything out of counseling

____ Client/Parent(s) resistant to counseling efforts, dissatisfied

____ Client moved or placed out of home or area

____ Reasons external to counseling (transportation, job conflict)

____ Client arrested and therefore terminated

____ Inappropriate for counseling
Why _____

If referred elsewhere, specify _____

____ Diversion counseling completed
If referred elsewhere for subsequent service, please specify _____

____ Other (specify) _____

Counselor's Assessment of Case

____ Premature termination: Client/Parent(s) needs additional counseling

____ Premature termination: Client and counselor incompatible

____ Diversion counseling successful, but needs additional counseling

____ Successful intervention, no further counseling needed at present

____ Other (specify)

_____

_____

4. Shelter Care: Number of days in residence _____

Disposition at termination of residence: _____ (Code from list below)

1. Child returns home, counseling continued
2. Child returns home, counseling not continued
3. Child placed out of home
4. Child placed in Probation facility
5. Child runs away from shelter
6. Shelter terminates residency
7. Other (specify)

Part IV -- TERMINATION ASSESSMENT Case # _____ 6

1. Regardless of the nature of the termination, please complete all of the following items (this applies to all clients who have received two or more sessions).

Scale: 1 Very Low 2 Low 3 Moderate 4 High 5 Very High 9 N/A

	Client	Mother/Stepmother	Father/Stepfather
a. Extent of unusual or excessive behavior at termination	☐	☐	☐
b. Cooperation with counseling effort	☐	☐	☐
c. To what degree is the perception of the referring event realistic	☐	☐	☐
d. Severity of client's problem	☐		
e. To what extent has the precipitating family crisis event been resolved			☐

Scale: 1 Very Poor 2 Poor 3 Adequate 4 Good 5 Very Good 9 N/A

	Client	Mother/Stepmother	Father/Stepfather
f. Coping skills	☐	☐	☐
g. Listening skills	☐	☐	☐
h. Ability to transmit clear messages	☐	☐	☐
i. Assertive skills	☐	☐	☐
j. Self-disclosing behavior (openness)	☐	☐	☐
k. Negotiating skills	☐	☐	☐
l. Client's self-concept	☐		
m. Client's sense of responsibility (maturity)	☐		
n. Physical appearance of client at termination	☐		
o. Client's school performance overall	☐		
p. Parents' handling of disciplinary problems		☐	☐
q. Parents' concern (love) for client		☐	☐
r. Communication skills of the family			☐
s. Decision-making ability of the family			☐
t. State of parents' marriage			☐

Appendix B: Figure and table of the Diversion Services Model

Michael M. Peters
Sheryl L. Koinat
James M. Hull

CLAREMONT GRADUATE SCHOOL
CENTER FOR APPLIED SOCIAL RESEARCH
Benezet Psychology Building
Room 153
Claremont, California 91711
Telephone (714) 621-3373

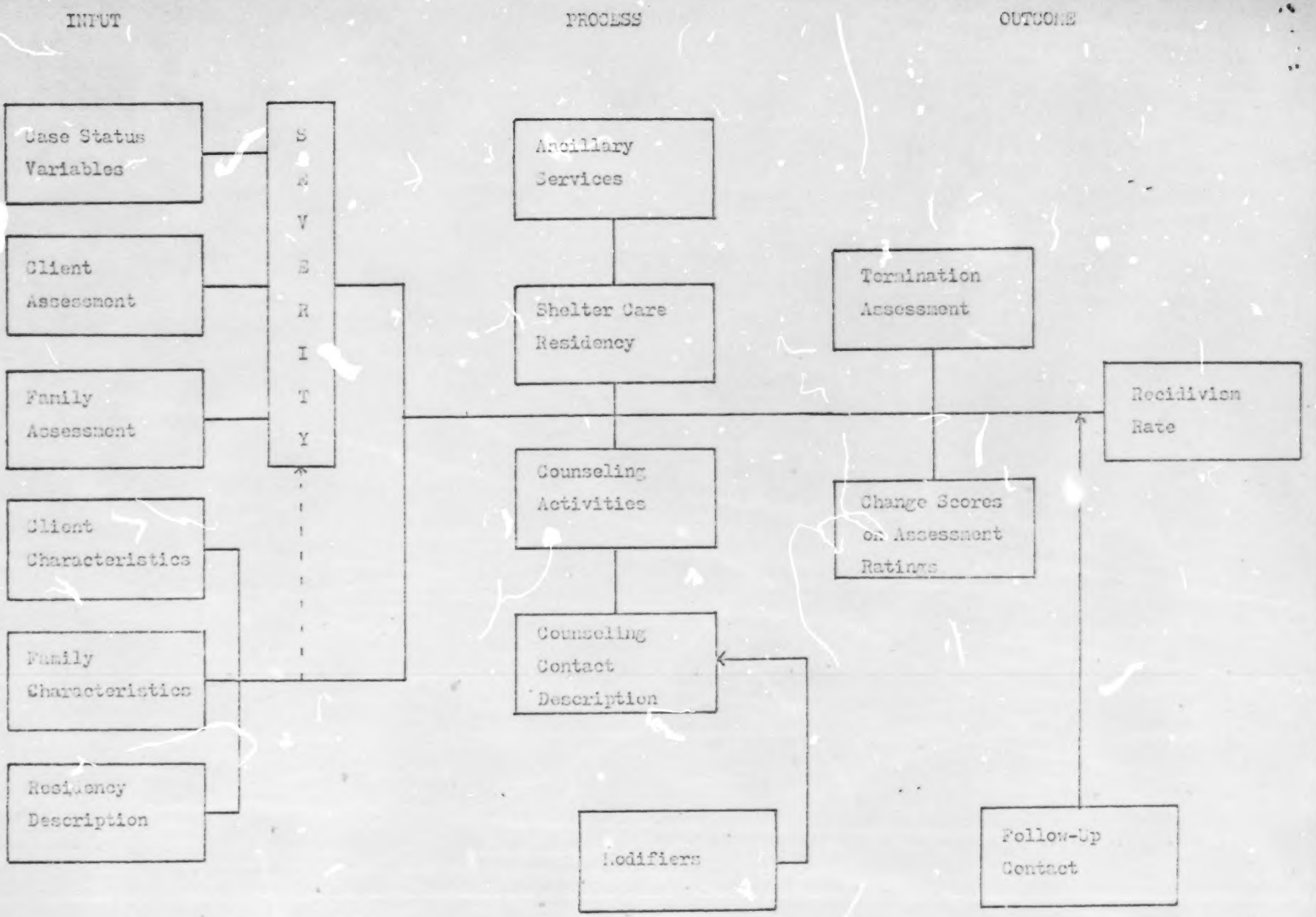

Figure 1. A framework for analyzing the effects of diversion services.

INPUT	PROCESS	OUTCOME
Case Status Variables New case; reopened case Receiving agency Referral source Referral route Referring reason Intake lag Number of priors*	**Ancillary Services** **Shelter Care Residency** **Counseling Activities** Assisting in communication skills Bolstering parenting skills Enhancing social skills Providing information Encouraging goal exploration Encouraging insight Giving instruction Confronting Self-disclosure **Counseling Contact Description** Number of counseling contacts Persons involved with counseling Mode of counseling contact Length of counseling contact Duration of service **Modifiers** Conditions of treatment (e.g., on time, late, emergency crisis, etc.) Counselor differences	**Termination Assessment** Termination reason Counselor's assessment of case Who initiated termination **Change Scores on Assessment Ratings** **Recidivism Rate** **Follow-Up Contact**
Client Assessment Client description Basic problem(s) Intake assessment scores Perception of problem and resolution		
Family Assessment Intake assessment scores Functioning/dysfunctioning scores		
Client Characteristics Age Sex Ethnicity Previous counseling		
Family Characteristics Marital history Parents' occupations Number of siblings Income		
Residency Description Living arrangements Number of moves in last 5 years How long at present address		
Severity		

*To be obtained from Central Juvenile Index.

Table 1: Components of the Diversion Services Model.